Villa Maria Academy High School 370 Central Ave. Malvern, PA 19355

AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

PA Board of Education policy permits a responsible, trained student to carry and/or self-administer medication for asthma (wheezing), severe allergic (anaphylactic) reaction or diabetes on his/her person for immediate use in a life-threatening situation with written order of physician, parent request, and school nurse approvals.

PHYSICIAN/PRESCRIBING HEALTH CARE PROVIDER

Name of Student		D.O.B	Date	
Address		0	Grade	
Condition for which the med	lication is administered			
Name of medication, dose an	nd method administered			
Indication or time for admin	istration			
Is this a controlled drug	YesNo			
Side effects to be noted/repo	rted			
Other recommendations				
Duration (dates) of administ	ration: From to	(limit of one school year	c).	
Physician Signature	Print Name	Telephone	Date	
	PARENT/GUARDIAN A	AUTHORIZATION		
responsibility for this permission. student, prescribing health care pr	I understand that the medication n ovider, and medication; date of or	self-administer the above orden nust be in the original pharmacy con iginal prescription; strength and dose one week after the end of the school	tainer, labeled with name of e of medication; and direction	
Parent Signature	Date	Parent Telephone Numbers		
Student Signature		Date	Date	
		it and assist the student to be respon havior or there is a safety risk. We v		